MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006214
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 22

FILED MAR 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF: | DATE AMENDED | BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Sturgeon
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rural Route
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LUKE Middle WILBUR Last DODD
4. DATE OF DEATH Month March Day 2, Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-11-1880
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman
10b. KIND OF BUSINESS OR INDUSTRY Farmer & Stockman
11. BIRTHPLACE (City and state or country) Moravia, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank M. Dodd
13b. MOTHER'S MAIDEN NAME Louisa Hopkins
14. NAME OF HUSBAND OR WIFE Ida Mae Piper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give yrs. or dates o
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. L.W. Dodd, Sturgeon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardelis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Mal Nutrition

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-24-63 to 3-2-63 and last saw her/him alive on 3-2-63
Death occurred at 5:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.A. Bloom M.D
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 3-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-5-1963
23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Missouri

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. 3-4-63
26. REGISTRAR'S SIGNATURE Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 5-4-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Tom M Harg

Licensed Embalmer No. 7069

P. O. Address Columbia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.